

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

2021 Massachusetts Avenue, NW

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00411553

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

08

01

2011

through

08

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Randell K. Wexler, MD

Signature of Treasurer

Electronically Filed by Randell K. Wexler, MD

Date

09

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span style="border: 1px solid black; padding: 2px;">2011</span>		253762.79
(b) Cash on Hand at Beginning of Reporting Period .....	277557.60	
(c) Total Receipts (from Line 19) .....	25290.99	283670.06
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	302848.59	537432.85
7. Total Disbursements (from Line 31) .....	8993.97	243578.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	293854.62	293854.62
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	8	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	15986.09	199114.21
(ii) Unitemized .....	8837.35	79046.61
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	24823.44	278160.82
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	24823.44	278160.82
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	467.55	5509.24
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	25290.99	283670.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	25290.99	283670.06

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	493.97	5078.23	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	493.97	5078.23	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	238500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8993.97	243578.23	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8993.97	243578.23	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	24823.44	278160.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24823.44	278160.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	493.97	5078.23
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	467.55	5509.24
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	26.42	-431.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Frederic Baker, MD

Mailing Address 32 Mark Cir

City

Holden

State

MA

Zip Code

01520-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UMMHC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 1 1

Transaction ID: C1349423

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Craig S Banta, MD

Mailing Address 60 Panorama Dr

City

Redlands

State

CA

Zip Code

92374-6465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beaver Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 1 1

Transaction ID: C1341688

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Marsha Jean Beyer, MD

Mailing Address 1964 117th Ave

City

Dresser

State

WI

Zip Code

54009-4434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: C1343917

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

815.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Reid B Blackwelder, MD

Mailing Address 4407 Leedy Rd

City

Kingsport

State

TN

Zip Code

37664-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Tennessee State Univ-  
ersityOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 1 1

Transaction ID: C1359782

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Robert C M Bourne, MD

Mailing Address 1300 E Cooley Dr

City

Colton

State

CA

Zip Code

92324-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beaver Medical GroupOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: C1349064

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Steven C Brandon, MD

Mailing Address 501 Hospital Rd

City

Starkville

State

MS

Zip Code

39759-2158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Leonard H. Brandon, MD,  
PAOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 1 1

Transaction ID: C1339735

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

630.42

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

June G Bredin, MD

Mailing Address 4924 153Rd PI Sw

City

Edmonds

State

WA

Zip Code

98026-4435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wa DSHS/Rainier School

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 1 1

Transaction ID: C1343162

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

John R Bucholtz, DO

Mailing Address 6378 Cape Cod Dr

City

Columbus

State

GA

Zip Code

31904-2916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbus Regional Healthc-  
are System

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 1 1

Transaction ID: C1339728

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Cory D Carroll, MD

Mailing Address 1040 E Elizabeth St Ste 2

City

Fort Collins

State

CO

Zip Code

80524-3952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: C1343931

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

445.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lee Marvin Carter, MD

Mailing Address PO BOX 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 1 1

Transaction ID: C1351276

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Steven A Crawford, MD

Mailing Address 900 Ne 10Th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Oklahoma

Occupation  
Physician Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2666.64

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 1

Transaction ID: C1359753

Amount of Each Receipt this Period

333.33

**C.**

Full Name (Last, First, Middle Initial)

Byron James Crouse, MD

Mailing Address 5825 Osmundsen Ct

City

Fitchburg

State

WI

Zip Code

53711-5146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Wisconsin

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 1 1

Transaction ID: C1342982

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

798.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jose M David, MD

Mailing Address 804 Huntington Ct

City

Albany

State

NY

Zip Code

12203-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prime Care Physicians PL-  
LC

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 1

Transaction ID: C1341613

Amount of Each Receipt this Period

625.00

**B.**

Full Name (Last, First, Middle Initial)

Paul Thackrah Davis, MD

Mailing Address 1912 Greendale Ave  
Univ Of Findlay

City

Findlay

State

OH

Zip Code

45840-6920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Finley

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: C1343233

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Gretchen M Dickson, MD

Mailing Address 2227 N Stoneybrook Ct

City

Wichita

State

KS

Zip Code

67226-3617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ. of Kansas School of  
Medicine

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 1 1

Transaction ID: C1341644

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1355.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Doreen E Feldhouse, MD

Mailing Address 1043 Sir James Ave

City

Dyersburg

State

TN

Zip Code

38024-7344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Care, PC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 2 / 2 0 1 1

Transaction ID: C1332228

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Wanda D Filer, MD

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Strategic Health Institute

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 1 1

Transaction ID: C1343165

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Seth Yawki Flagg, MD

Mailing Address 9129 Bradford Rd

City

Silver Spring

State

MD

Zip Code

20901-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USN

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 1 1

Transaction ID: C1334438

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

415.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael O Fleming, MD

Mailing Address 556 Dunmoreland Dr

City

Shreveport

State

LA

Zip Code

71106-6125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amedisys, Inc

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 2 / 2 0 1 1

Transaction ID: C1332229

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dennis Lynn Gingrich, MD

Mailing Address HMC, FAMILY MEDICINE, H154  
500 University Dr

City

Hershey

State

PA

Zip Code

17033-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Penn State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 1

Transaction ID: C1343160

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Practice Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 1 1

Transaction ID: C1359788

Amount of Each Receipt this Period

416.67

**SUBTOTAL** of Receipts This Page (optional) .....

1031.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gary Ray Goin, MD

Mailing Address 5934 Harmony Ln SW

City

Olympia

State

WA

Zip Code

98512-9443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: C1343922

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

James Wesley Guyer, MD

Mailing Address 3314 Jack Burke Ln

City

Billings

State

MT

Zip Code

59106-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RiverStone Health Clinics

Occupation  
Physician/Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 1 1

Transaction ID: C1351489

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Lori J Heim, MD

Mailing Address 250 Hollybrook Farm Ln

City

Vass

State

NC

Zip Code

28394-8952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scotland Memorial Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 1 1

Transaction ID: C1351274

Amount of Each Receipt this Period

416.67

**SUBTOTAL** of Receipts This Page (optional) .....

1281.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel J Heinemann, MD

Mailing Address PO BOX 5039

City

Sioux Falls

State

SD

Zip Code

57117-5039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sioux Valley Health Systems

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 1 1

Transaction ID: C1342987

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Elvin Coy Irvin, MD

Mailing Address 555 E Cheves St

City

Florence

State

SC

Zip Code

29506-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Health Care

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 1 1

Transaction ID: C1343882

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Elvin Coy Irvin, MD

Mailing Address 555 E Cheves St

City

Florence

State

SC

Zip Code

29506-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Health Care

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 1

Transaction ID: C1343883

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jessica Johnson

Mailing Address 38 Hall St

City

Newington

State

CT

Zip Code

06111-2553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: C1343227

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Christina Marie Kelly, MD

Mailing Address 6502 62Nd Street Ct W

City

University Place

State

WA

Zip Code

98467-4954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Multicare Health System

Occupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 1 1

Transaction ID: C1351271

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Laura C Knobel, MD

Mailing Address 3 Freedom Way

City

Walpole

State

MA

Zip Code

02081-2290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: C1343932

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

235.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David E Kolva, MD

Mailing Address 12 Whitetail Cir

City

Oswego

State

NY

Zip Code

13126-4158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	1

Transaction ID: C1339740

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Emory John Linder, MD

Mailing Address 902 Averill Rd

City

Joppa

State

MD

Zip Code

21085-3827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Department of DefenseOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	1

Transaction ID: C1339742

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Leah Raye R Mabry, MD

Mailing Address 339 S Presa St

City

San Antonio

State

TX

Zip Code

78205-3425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Christus Health CareOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	1

Transaction ID: C1348983

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

715.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John S Meigs, MD

Mailing Address 100 Serendipity Dr  
PO Box 289

City State Zip Code  
Brent AL 35034-3325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 1 1

Transaction ID: C1339745

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John S Meigs, MD

Mailing Address 100 Serendipity Dr  
PO Box 289

City State Zip Code  
Brent AL 35034-3325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 1 1

Transaction ID: C1342984

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

John S Meigs, MD

Mailing Address 100 Serendipity Dr  
PO Box 289

City State Zip Code  
Brent AL 35034-3325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: C1343874

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 18 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John S Meigs, MD

Mailing Address 100 Serendipity Dr  
PO Box 289

City State Zip Code  
Brent AL 35034-3325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: C1349067

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

John S Meigs, MD

Mailing Address 100 Serendipity Dr  
PO Box 289

City State Zip Code  
Brent AL 35034-3325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 1 1

Transaction ID: C1353041

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

M Diana Metzger, MD

Mailing Address 604 Baldwin Ln

City State Zip Code  
Wilmington DE 19803-3502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: C1341585

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jon A Miller, MD

Mailing Address 1046 7Th St W

City

Whitefish

State

MT

Zip Code

59937-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glacier Medical Associati-  
on

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: C1341583

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Elisabeth Fowlie Mock, MD

Mailing Address 46 Clark Hill Rd

City

Holden

State

ME

Zip Code

04429-7253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Maine Medical Cen-  
ter

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 1 1

Transaction ID: C1353038

Amount of Each Receipt this Period

512.50

**C.**

Full Name (Last, First, Middle Initial)

Anne M Montgomery, MD

Mailing Address 104 W 5Th Ave Ste 200W

City

Spokane

State

WA

Zip Code

99204-4803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Empire Hospital Se-  
rvices Associ

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 1 1

Transaction ID: C1351273

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1127.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dale C Moquist, MD

Mailing Address 14023 Southwest Fwy

City

Sugar Land

State

TX

Zip Code

77478-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Physicians at Sugar Creek

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 1 1

Transaction ID: C1343933

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Carrie E Nelson, MD

Mailing Address 520 W Indiana St

City

Wheaton

State

IL

Zip Code

60187-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McKesson Health Solutions

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: C1343226

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Javette C Orgain, MD

Mailing Address PO BOX 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF ILLINOIS CO-  
LLEGE OF MEDI

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 1 1

Transaction ID: C1359787

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

256.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Maureen O Padden, MD, MPH

Mailing Address 2300 E St Nw

Bureau Of Medicine And Surgery

City

Washington

State

DC

Zip Code

20372-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Navy

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 2 / 2 0 1 1

Transaction ID: C1359749

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Elisabeth (Lisa) L Righter, MD

Mailing Address 229 S Morrison St

UW Health Fox Valley Family Medici

City

Appleton

State

WI

Zip Code

54911-5725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of WI School  
of Med. & Pub.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 1

Transaction ID: C1341611

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Flora F Sadri-Azarbayejani, DO

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gardner Family Medicine

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 1

Transaction ID: C1341612

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul David Salzberg, MD

Mailing Address PO BOX 898

City

Callicoon

State

NY

Zip Code

12723-0898

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 1 1

Transaction ID: C1351538

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

Sarah L Sams, MD

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grant Medical Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 1 1

Transaction ID: C1351272

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Edward Jay Schwager, MD

Mailing Address 6567 E Carondelet Dr Ste 555

City

Tucson

State

AZ

Zip Code

85710-6152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 1

Transaction ID: C1349068

Amount of Each Receipt this Period

730.00

**SUBTOTAL** of Receipts This Page (optional) .....

890.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brooke Maura Sciuto, MD

Mailing Address 5630 Los Pueblos Way

City

Sacramento

State

CA

Zip Code

95835-2427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation

Family Medicine Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: C1341610

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

George Wm Shannon, MD

Mailing Address 2301 Slate Dr

City

Columbus

State

GA

Zip Code

31906-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Horizons Diagnostics

Occupation

family physicians

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 1 1

Transaction ID: C1351277

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Wilbur Z Sine, MD

Mailing Address 1197 Van Voorhis Rd

City

Morgantown

State

WV

Zip Code

26505-3478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 1 1

Transaction ID: C1348560

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

980.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert J Skully, MD

Mailing Address Grant Medical Center Outpatient  
393 E Town St

City State Zip Code  
Columbus OH 43215-4741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grant Medical Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 1 1

Transaction ID: C1353046

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Brent Smith, MD

Mailing Address 285 Normandy Cir

City State Zip Code  
Madison MS 39110-9057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Mississippi  
Medical Cent

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 1 1

Transaction ID: C1342356

Amount of Each Receipt this Period

30.50

**C.**

Full Name (Last, First, Middle Initial)

Gil Solomon, MD

Mailing Address 24508 Indian Hill Ln

City State Zip Code  
West Hills CA 91307-3832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anthem Blue Cross

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 1

Transaction ID: C1341577

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

880.50

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel R Spogen, MD

Mailing Address Brigham Building MS 316

City

Reno

State

NV

Zip Code

89557-0046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Nevada

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 1

Transaction ID: C1343145

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Albert M Sterns, MD

Mailing Address 1021 Drexel Pkwy

City

Birmingham

State

AL

Zip Code

35209-6001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N.W Ala Emerg Phys

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 1 1

Transaction ID: C1346865

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Glen R Stream, MD

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockwood Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 1 1

Transaction ID: C1351275

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1015.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael P Temporal, MD

Mailing Address 180 S 3Rd St Ste 400

City

Belleville

State

IL

Zip Code

62220-1952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
So. Illinois Healthcare  
Foundation

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 1 1

Transaction ID: C1342363

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Todd A Thames, MD

Mailing Address 333 N Santa Rosa St Apt F4703

City

San Antonio

State

TX

Zip Code

78207-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRISTUS Santa Rosa Health  
System

Occupation  
Physician, Residency Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 1 1

Transaction ID: C1331544

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Andrew J Ting, MD

Mailing Address 15 Railroad Ave

City

S Hamilton

State

MA

Zip Code

01982-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Medicine Associates

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 1 1

Transaction ID: C1341615

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Martin I Victor, MD

Mailing Address 1209 Bonaventure Dr

City

Melbourne

State

FL

Zip Code

32940-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	1	1

Transaction ID: C1341721

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Kenton I Voorhees, MD

Mailing Address 7953 S Franklin Ct

City

Centennial

State

CO

Zip Code

80122-3255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Colorado De-  
nver School oOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	1	1

Transaction ID: C1343229

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Randell K Wexler, MD

Mailing Address 6040 Haybury Dr

City

New Albany

State

OH

Zip Code

43054-8691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio State UniversityOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	1	1

Transaction ID: C1356769

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1165.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Andre Wherry, MD

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chestatee Regional Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 1

Transaction ID: C1356768

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Robert A Zink, MD

Mailing Address 6945 Kingsbury Blvd

City

Saint Louis

State

MO

Zip Code

63130-4328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: C1343236

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

615.00

**TOTAL** This Period (last page this line number only) .....

15986.09

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 38

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5509.24

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 1 1

Transaction ID: C1343875

Amount of Each Receipt this Period

53.43

**B.**

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5509.24

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 1 1

Transaction ID: C1348988

Amount of Each Receipt this Period

414.12

**SUBTOTAL** of Receipts This Page (optional) .....

467.55

**TOTAL** This Period (last page this line number only) .....

467.55

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	<b>Transaction ID:</b> D119181 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 1 1</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>26.54</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D119182 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 2 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1.95</div> <div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D119183 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>32.50</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

60.99

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	<b>Transaction ID:</b> D119184 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 8 / 2 0 1 1</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>16.32</div>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D119185 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 8 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>8.13</div>
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D119186 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 9 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>44.36</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

68.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	<b>Transaction ID:</b> D119187 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 1 1</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>20.31</div>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D119188 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 2 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>14.63</div>
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D119320 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>12.44</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

47.38

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	<b>Transaction ID:</b> D119333 <b>Date of Disbursement</b> <div> <div>08</div> <div>17</div> <div>2011</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>0.98</div>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D119334 <b>Date of Disbursement</b> <div> <div>08</div> <div>18</div> <div>2011</div> </div> <b>Amount of Each Disbursement this Period</b> <div>13.07</div>
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D119335 <b>Date of Disbursement</b> <div> <div>08</div> <div>19</div> <div>2011</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1.01</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

15.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D119336

Date of Disbursement

08 / 22 / 2011

Amount of Each Disbursement this Period

12.46

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D119337

Date of Disbursement

08 / 22 / 2011

Amount of Each Disbursement this Period

3.25

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D119338

Date of Disbursement

08 / 24 / 2011

Amount of Each Disbursement this Period

3.25

**SUBTOTAL** of Disbursements This Page (optional) .....

18.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	<b>Transaction ID:</b> D119339 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 6 / 2 0 1 1</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>4.06</div>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D119340 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>23.73</div>
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D119341 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>0.65</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

28.44

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement

Bank card collection fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D119342

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2011

Amount of Each Disbursement this Period

4.95

**B.**

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40  
PO Box 2485

City  
Spokane

State  
WA

Zip Code  
99210-2485

Purpose of Disbursement

Bank card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D119180

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2011

Amount of Each Disbursement this Period

249.38

**SUBTOTAL** of Disbursements This Page (optional) .....

254.33

**TOTAL** This Period (last page this line number only) .....

493.97

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A. Full Name (Last, First, Middle Initial)  
DONNA CHRISTENSEN CAMPAIGN**

Mailing Address PO Box 5197

City State Zip Code  
St. Croix VI 00823Purpose of Disbursement  
Campaign contributionCandidate Name  
Del. Donna M.C. ChristensenCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VI District: 00

Transaction ID: D119298

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	1

Amount of Each Disbursement this Period

2500.00

**B. Full Name (Last, First, Middle Initial)  
VAN HOLLEN FOR CONGRESS**Mailing Address 10537 St. Paul St.  
Ste 202City State Zip Code  
Kensington MD 20895Purpose of Disbursement  
Campaign contributionCandidate Name  
Rep. Chris Van HollenCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 08

Transaction ID: D119294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	1

Amount of Each Disbursement this Period

2500.00

**C. Full Name (Last, First, Middle Initial)  
STIVERS FOR CONGRESS**

Mailing Address 4679 Winterset Drive

City State Zip Code  
Columbus OH 43220Purpose of Disbursement  
Campaign contributionCandidate Name  
Rep. Steve StiversCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: D119296

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	1

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City  
Los Angeles

State  
CA

Zip Code  
90026

Purpose of Disbursement  
Campaign contribution

Candidate Name  
Rep. Xavier Becerra

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: D119293

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2011

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

8500.00